

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

CLAIMANT'S NAME Andrea McCarthy		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
POSITION Deputy Press Secretary		CB/ID NUMBER		DIVISION OR BUREAU	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS		INDEX NUMBER	
CITY	STATE	ZIP	CITY	STATE	ZIP

MONTH/YEAR 12/09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER					MILES	AMOUNT		
17-Dec	7pm	SAC-LA						373.79	air/rc		12	5.34		379.13
18-Dec	8pm	LA-SAC								18.00	12	5.34	10.39	33.73
												0.00		0.00
												0.00		0.00
												0.00		0.00
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SUBTOTALS			0.00	0.00	0.00	0.00	0.00	373.79	0.00	18.00	24	10.68	10.39	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$412.86	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

12-18-09: Governor participates in James Cameron star presentation

12-18-09: Governor participates in Christmas Tree lighting at MLK hospital

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED 0.445
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 240846

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

CLAIMANT	DATE 1/12/10	SIGNATURE OF OFFICER APPROVING	TRAVEL AND PAYMENT	DATE 1/13/10
SIGNATURE OF AUTHORITY	SPECIAL EXPENSES			